Healthy Nova Scotia

Strategic Directions for the Office of Health Promotion

104-04741/

Minister's Message

"...we may be raising a generation of children that is less healthy than our own."

Too many Nova Scotians today are suffering from poor health. Too many people are ill for much of their lives or die too young from illnesses and injuries that are preventable.

We know that Nova Scotia has some of the poorest health statistics in the country, and that inactivity and obesity are putting our children at risk for a host of health problems now and in the future. It is hard to believe that despite everything we know about staying healthy, we may be raising a generation of children that is less healthy than our own.

We hear a lot more now about wait lists and health care spending. While government continues to invest more money and to improve health services, the best long-term solution to wait lists is to keep people healthy. We are investing more in health promotion, so people can avoid that surgery or trip to the emergency room, and so that our children have a chance at a healthy future.

The people I have spoken to over this past year all share the same goals—better health for ourselves, our children, our communities, and our province. There is a real desire to work together to make this happen.

Many people are already taking steps to improve their health by being active, not smoking, eating well, and reducing their risk of injury. We are also experiencing a groundswell of positive action in communities that we must support and encourage.

We know that changing our overall health status will take years—a full generation, perhaps. That's why we need to start with children and families, to give parents the tools and supportive environments they need to help their children be healthier.

Our health is affected by many factors. Healthy lifestyles are very important. So, too, are income and employment, education, healthy child development, environments, and other factors, many of which are beyond the control of any one person or group. As government, we need to work across sectors, like education, transportation, and community services, to ensure that health is considered in all decisions made.

And we are. Whether it's building a stronger economy or better roads, improving education, housing, or childcare, there are many ways in which government is contributing to better health for Nova Scotians. But we need to do more.

Our current health challenge affects us all. Let's work together to make Nova Scotia a safer and healthier place to live, work, and play.

Rodney MacDonald

Honourable Rodney MacDonald
Minister of Health Promotion

CEO's Message

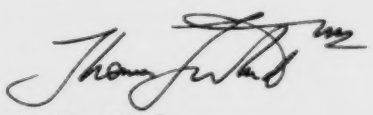
"We are in the midst of a critical shift—from a disease *care system to a* health *care system."*

At the turn of the 20th century, the major causes of illness and death were infectious diseases such as pneumonia, influenza, and tuberculosis. Thanks to vaccines, and other advances in medicine and technology, these diseases pose a much smaller threat to our health. Today we are facing a new health epidemic in which injuries and chronic diseases such as cancer, diabetes, and heart disease threaten our health and that of our children.

In my other role as Deputy Minister of Health, I see the impact that disease and injury—much of which is preventable—has on the lives of Nova Scotians and on the sustainability of our healthcare system. Creating an Office of Health Promotion to bring greater focus and attention to the health of Nova Scotians is an important step. There is a tremendous amount of good work occurring in health promotion within government and in communities across Nova Scotia, but it is often overshadowed by the more immediate demands in acute care.

We are in the midst of a critical shift—from a *disease* care system to a *health* care system. It is a change in which diseases will be prevented when possible, controlled when necessary, and treated when appropriate. But the first focus must be on prevention.

Health promotion requires coordinated action by all concerned—by governments, by health and other social and economic sectors, by local authorities, by industry, and by the media. We've seen Nova Scotians rally around a crisis many times—such as 9/11, Swiss Air, or Hurricane Juan. We need to view our current state of health in the same way and look at how each of us can make a difference. With a focussed and coordinated effort by all, we can achieve the health that we and our children deserve.



Dr. Tom Ward
Chief Executive Officer

Executive Director's Message

"Partnership and collaboration are key to our work in the Office of Health Promotion..."

Since December 2002, we have been working hard to plan and build the new Office of Health Promotion.

The office was created by bringing together the former Sport and Recreation Commission with aspects of the Population Health branch of the Department of Health. We spent many months reviewing the work that was underway, and identifying gaps and priorities. Based on that review, and on consultation with a variety of partners, we will focus our work over the next few years on the areas outlined in this plan.

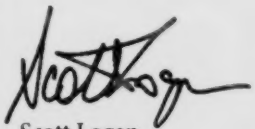
These areas were chosen for many reasons. They address some of the main risk factors in chronic disease, disability, and premature death, and build on existing work within the office. While this plan does not cover the full scope of health promotion, it will evolve and expand as we learn new information, consult with more partners, and acquire new resources. The plan is a work in progress, and the foundation we build today will allow us to grow in the future.

In 2003–04, we hired core staff within the office. We also began work with many partners to develop new strategies, such as an injury prevention strategy and a healthy eating strategy. At the same time, we continued to advance our current work, including our *Active Kids, Healthy Kids* strategy, and our tobacco strategy. Partnership and collaboration are key to our work in the Office of Health Promotion and we will continue to work with all our partners as we put these strategies into action.

Achieving better health for Nova Scotians will involve many partners, many sectors, and a lot of work. It will also take time. In the next 10–20 years, we want to create a cultural shift in Nova Scotia in which healthy, active living becomes the norm.

We have started work on an accountability framework so we can measure our collective progress towards shared goals. It will ensure that everything we do helps us achieve our long-term goals to reduce the rates of disease and injury, and lessen their impact on our quality of life, our health care system, and our economy.

Over the next several months, we will share and evolve this plan with our many partners, including our new advisory committee, to encourage everyone to think about the many ways we can work together to achieve better health for Nova Scotians.



Scott Logan
Executive Director

Why invest in health promotion?

We're facing an epidemic...

Nova Scotians have some of the highest rates of disease in the country and there are troubling signs that this will get worse.

- Nova Scotia has the country's highest rate of deaths from cancer and respiratory disease, and the second highest rate of circulatory deaths and diabetes.
- In 1998–99, almost 62 per cent of Nova Scotians reported being diagnosed with a chronic disease, like cancer, diabetes, and heart disease. Thirty five per cent had more than one chronic disease.
- Over half (55.2%) of Nova Scotians have a body mass index (BMI) above a healthy range. Twenty one per cent have a BMI of 30 or higher—the second highest obesity rate in the country.
- Obesity in children is growing at a higher rate than in adults. Almost one in every five children in grade 3 is overweight, with just as many at risk of obesity. In grade 7, almost 37 per cent of boys and 40 per cent of girls are overweight or at risk.
- In the early 1990s, highly preventable type 2 diabetes was virtually unreported among youth under 15 years of age. Now, youth account for about 10 per cent of all new cases.
- About 70 per cent of Nova Scotians are not meeting the recommended daily intake of fruits and vegetables.
- While smoking rates are dropping, one in four Nova Scotians still smokes, higher than the national average.
- Over half (55.1%) of Nova Scotians report getting less than 15 minutes per day of moderate exercise. Children are less active as they get older. Over 80 per cent of grade 11 students in Nova Scotia get less than half an hour of physical activity a day.

It's affecting our quality of life...

Almost every Nova Scotian is affected by chronic disease and injury in some way—through personal loss of health, the death of a loved one, a family member's struggle with lifelong illness or disability, or reduced quality of life.

- Chronic diseases kill an estimated 5,800 Nova Scotians every year. They account for nearly 75 per cent of all deaths in the province and are the major causes of hospitalization.
- Arthritis, a leading cause of disability, affects 173,000 Nova Scotians each year. That number continues to increase annually.
- Stroke affects 1,300 Nova Scotians each year and leaves at least half in need of ongoing care due to cognitive and physical impairment.
- Diabetes, a leading cause of kidney failure and of new blindness in adults, affects over 40,000 Nova Scotians.
- Over 1,600 Nova Scotians die each year from smoking-related illness and 200 more die from exposure to second-hand smoke.

- About 450 Nova Scotians die each year as a result of injury, and 6,000 are hospitalized. Many injuries leave people with permanent disability, pain, and lifestyle change.

And costing us billions...

The burden of illness and injury, together with an aging population, is increasing pressure on our health care system and costing the Nova Scotia economy billions of dollars each year.

- Chronic diseases cost the Nova Scotia economy a total of $3 billion each year—$1.24 billion in direct medical costs and $1.79 billion in lost productivity.
- It costs $170 million a year to treat smoking-related illness. Smoking costs the Nova Scotian economy $358 million annually in productivity losses due to premature death and absenteeism.
- Physical inactivity costs $107 million a year in direct medical costs.
- The economic burden of injury is $570 million each year.
- In Nova Scotia, the direct preventable costs associated with alcohol use are $112 million. Indirect costs total $240 million (crime, absenteeism, etc.).
- Health care spending in Nova Scotia has almost doubled over the last decade. In 2003–04, government spent $2.2 billion on health care—or about $2,400 per person.
- Based on current rates of spending and revenue in Nova Scotia, health care spending alone will exceed total revenues by 2024–25.

The good news is...

Nova Scotians can enjoy longer, healthier, and more productive lives, and we can avoid many costs to our health care system and our economy, if we focus more on preventing illness and injury.

Major Chronic Diseases	Risk Factors					
	Smoking	Poor diet	Obesity	Inactivity	Alcohol abuse	Stress
Heart disease	●	●	●	●	●	●
Cancer	●	●	●		●	
Diabetes		●	●	●		
Chronic lung disease	●				●	
Mental ill-health					●	●

- Approximately 40 per cent of chronic disease and up to 95 per cent of injuries are preventable.
- Most chronic diseases can be attributed to a small number of risk factors. We can improve our health by addressing lifestyle factors such as poor diet, smoking, and inactivity, as well as the social and economic conditions that contribute to disease.
- Across Nova Scotia, many individuals, organizations, and communities are taking positive action to improve health.

Note: The majority of statistics and facts cited in this document are found in recent reports from Canadian Community Health Survey (CCHS), GPI Atlantic, Canadian Institute for Health Information (CIHI), and research conducted by Dalhousie University on behalf of the Office of Health Promotion. Specific sources are available upon request.

- About 450 Nova Scotians die each year as a result of injury, and 6,000 are hospitalized. Many injuries leave people with permanent disability, pain, and lifestyle change.

And costing us billions...

The burden of illness and injury, together with an aging population, is increasing pressure on our health care system and costing the Nova Scotia economy billions of dollars each year.

- Chronic diseases cost the Nova Scotia economy a total of $3 billion each year—$1.24 billion in direct medical costs and $1.79 billion in lost productivity.
- It costs $170 million a year to treat smoking-related illness. Smoking costs the Nova Scotian economy $358 million annually in productivity losses due to premature death and absenteeism.
- Physical inactivity costs $107 million a year in direct medical costs.
- The economic burden of injury is $570 million each year.
- In Nova Scotia, the direct preventable costs associated with alcohol use are $112 million. Indirect costs total $240 million (crime, absenteeism, etc.).
- Health care spending in Nova Scotia has almost doubled over the last decade. In 2003–04, government spent $2.2 billion on health care—or about $2,400 per person.
- Based on current rates of spending and revenue in Nova Scotia, health care spending alone will exceed total revenues by 2024–25.

The good news is...

Nova Scotians can enjoy longer, healthier, and more productive lives, and we can avoid many costs to our health care system and our economy, if we focus more on preventing illness and injury.

Major Chronic Diseases	Risk Factors					
	Smoking	Poor diet	Obesity	Inactivity	Alcohol abuse	Stress
Heart disease	●	●	●	●	●	●
Cancer	●	●	●		●	
Diabetes		●	●	●		
Chronic lung disease	●				●	
Mental ill-health					●	●

- Approximately 40 per cent of chronic disease and up to 95 per cent of injuries are preventable.
- Most chronic diseases can be attributed to a small number of risk factors. We can improve our health by addressing lifestyle factors such as poor diet, smoking, and inactivity, as well as the social and economic conditions that contribute to disease.
- Across Nova Scotia, many individuals, organizations, and communities are taking positive action to improve health.

Note: The majority of statistics and facts cited in this document are found in recent reports from Canadian Community Health Survey (CCHS), GPI Atlantic, Canadian Institute for Health Information (CIHI), and research conducted by Dalhousie University on behalf of the Office of Health Promotion. Specific sources are available upon request.

Introduction

This plan represents the work of the Office of Health Promotion over the next 2–3 years.

The Premier created the Office of Health Promotion in December 2002 to improve the health of Nova Scotians.

The office was formed by bringing together the former Sport and Recreation Commission with aspects of the Population Health branch of the Department of Health. Based on a review of existing work, gaps, and priorities, as well as consultation with a wide variety of stakeholders, the office will focus its work in the short term on the following "strategic priority areas":

- Physical Activity
- Healthy Eating
- Tobacco Control
- Injury Prevention
- Addiction Prevention
- Healthy Sexuality
- Chronic Disease Prevention
- Communications and Social Marketing

These areas address some of the key risk factors in chronic disease, disability, and premature death. They focus on areas where where evidence shows we can make the greatest impact. This plan will be expanded and refined based on new information, ongoing consultation with stakeholders, and availability of resources.

Some areas of the office, such as tobacco control, are well developed while others, such as healthy eating, are relatively new and will require more work and consultation before strategies are fully implemented. Work in these areas will involve building the capacity and laying the foundation for expanded initiatives in future years.

In 2002, the province contracted Dalhousie University to work with partners to draft a long-term strategy that would advise government on its chronic disease prevention efforts. They consulted with over 50 organizations and delivered a strategy to government in the fall of 2003. That strategy has guided much of the planning for the Office of Health Promotion, including the development of its vision, mission, goals, and guiding principles.

Most chronic diseases can be attributed to a small number of risk factors—notably poor diet, smoking, and inactivity. Since these are all distinct strategic areas within the Office of Health Promotion, chronic disease prevention is addressed throughout the entire strategic plan. Other specific actions outlined in the chronic disease prevention strategy, such as those to establish a leadership mechanism and an accountability framework, or to build research and community capacity, are addressed separately in this strategic plan.

The Office of Health Promotion has started to develop an accountability framework. This framework will allow all partners in health promotion to work together towards shared goals and outcomes. The framework will include medium-term (5–10 years) and long-term (10–20 years) goals and outcomes and it will allow partners to measure our collective progress to ensure all programs, strategies, policies, and initiatives ultimately contribute to improved health for Nova Scotians.

The Office of Health Promotion will work with its partners, including its new advisory committee, to develop this accountability framework and to set precise targets for the future. Each year, the office will develop specific objectives that will contribute to the medium and long-term goals. These will be included in the annual business plan that is submitted to government. The office will also produce an annual report to update partners and the public on its progress.

In the interim, as the accountability framework is being developed, the short-term strategies and objectives outlined in this plan represent the work of the Office of Health Promotion over the next 2–3 years. In virtually every case, the objectives represent shared work that will be carried out in partnership and collaboration with a wide variety of stakeholders both within and outside government.

What is health promotion?

"... the process of enabling people to increase control over, and to improve, their health."

The World Health Organization (WHO) defines health promotion as the process of enabling people to increase control over, and to improve, their health. Health promotion objectives are achieved over time, using a variety of evidence-based strategies that encourage and support people to adopt low-risk behaviours and healthy lifestyle habits. The primary goal of health promotion is to achieve the highest possible standard of health, well-being, and quality of life for all.

The Office of Health Promotion has identified the following vision, mission, goals, and guiding principles:

Vision

Nova Scotians working together to make our province a safe and healthy place in which to live, work, and play.

Mission

Through leadership, collaboration, and capacity-building:

- strengthen community action and enhance personal skills to promote health and prevent illness and injury
- create and sustain supportive environments for health improvement and healthy public policy development
- support reorientation of health and other services to enable population health

Overall Goals

Through leadership, support, education and promotion, advocacy, research, and policy:

- create an environment in which individuals, communities, organizations, and government sectors work together to improve health
- reduce health disparities
- improve overall health outcomes

Guiding Principles

The Office of Health Promotion has adopted the following principles that guide its thinking, planning, and actions:

Integration: Considers many diseases and risk factors, various settings, and different approaches, such as building healthy public policy, creating supportive environments, strengthening community action, developing personal skills, and reorienting health services.

Partnerships and Shared Responsibility: Requires the collective efforts of all sectors within different levels of governments, voluntary health agencies, community groups, and the private sector working together towards a set of shared outcomes.

Best Practices: Uses evidence-based approaches that are grounded in sound scientific knowledge, community experience, or cultural knowledge.

Capacity: Focuses on developing knowledge and skills, community and organizational structures, and resources that can be sustained, and building on individual and collective strengths.

Accountability: Requires consistent and thoughtful monitoring, evaluation, and reporting on strategies, programs, activities, and outcomes.

Strategic Priority Areas

Physical Activity

Over half of Nova Scotians are not active enough to enjoy health benefits. Even more disturbing is that children today are less active than ever before, putting them at risk for many diseases now and in the future. In grade 3, about 90 per cent of boys and girls get the recommended 60 minutes of physical activity per week. In grade 7, only 62 per cent of boys and 44 per cent of girls are active enough. By grade 11, those rates drop to just 12 per cent of boys and 7 per cent of girls who are active enough to achieve health benefits.

Unfortunately, inactivity is a way of life today. We spend more time at desk jobs and in cars, our activity limited by labour-saving devices like lawnmowers and garage door openers, while our children play video games and watch TV. People also face barriers to being active—busy schedules, lack of energy, and costs associated with gym memberships or registration for sport or recreational activities.

We must create opportunities to be physically active in everyday life. We need to teach our children healthy habits, so they can grow into healthy, active adults.

The Sport and Recreation Division of the Office of Health Promotion is promoting physical activity with the *Active Kids, Healthy Kids* strategy for children, youth, and families. Through this strategy, schools are participating in pilot projects to purchase equipment and create opportunities to be active, including

recruiting volunteers to provide activities after school hours. The strategy also encourages people to find ways to make their community more "activity friendly," by developing playgrounds, hiking trails, bike paths, and skateboard parks.

The office provides funding to help maintain and build recreational facilities across the province to ensure that people have safe, accessible places to be physically active, such as arenas, pools, and ballparks. Provincial sport and recreation organizations, as well as programs like *High Five, Sport Futures, Fair Play,* and *KidSport,* receive funding to ensure that Nova Scotians, particularly youth, have access to high quality, affordable, and enjoyable sport experiences.

The office will build on *Active Kids, Healthy Kids* to develop a physical activity strategy that reaches all Nova Scotians, young and old.

Long-term goals include:

- Decrease rates of diseases related to physical inactivity, such as diabetes, heart disease, stroke, etc.

Medium-term goals include:

- Increase participation in structured and unstructured physical activity.

Short-term Strategies and Objectives:

Active Kids, Healthy Kids

- Expand the reach of the *Active Kids, Healthy Kids* strategy to increase the number of children and youth engaged in sport, recreation, and physical activity.
- Mobilize and build the capacity of families, schools, local government, and community organizations through regional action plans.
- Support Active School Communities through collaboration of schools, municipalities, and district health authorities.
- Create safe and accessible physical environments that encourage young people to increase active modes of transportation, such as walking and cycling.
- Educate and motivate children, youth, and their families to increase their levels of physical activity through a social marketing campaign.
- Support increased participation in physical activity among the adult population.
- Evaluate the impact of various components of the strategy on the physical activity levels of children and youth in Nova Scotia.

Facilities

- Increase the availability and improve the access, condition, and sustainability of indoor and outdoor facilities that provide opportunities for sport, recreation, and physical activity.
- Provide financial assistance, consultation, and training for the planning, design, and construction of indoor and outdoor facilities.
- Provide advice to municipalities, school boards, and the Department of Education on community use of schools.
- Develop an active transportation framework for Nova Scotia that includes infrastructure, such as trails and bike paths, to encourage healthy, active modes of transportation.
- Conduct research to examine the relationship between facilities and sport, recreation, and physical activity.

Sport and Recreation

- Work with all sport partners to offer Nova Scotians a quality sport experience that is in line with national and Atlantic policies.
- Prepare for participation in the 2005 Canada Summer Games in Saskatchewan, and hosting the Canada Winter Games in Nova Scotia in 2011.
- Support sport and recreation groups through financial assistance and consultation.
- Develop a coaching strategy for Nova Scotia that builds upon use of the National Coaching Certification Program.

- Develop bilateral federal-provincial agreements to maximize funding from federal government and to coordinate efforts to increase sport and recreation opportunities for Nova Scotians.
- Develop a Nova Scotia sport plan that encourages more people to choose sport as a means of increasing their physical activity.
- Monitor participation levels of sport in Nova Scotia.

Effective Sport and Recreation Organizations

- Increase organizational effectiveness of sport and recreation organizations by providing funding, assistance, and expertise.
- Support research on the impact of the current insurance and liability situation in sport and recreation.
- Facilitate collaboration among sport and recreation organizations.

Leadership Development

- Work with partners to increase the quantity and quality of sport, recreation, and physical activity leaders in Nova Scotia.
- Support leadership development opportunities for sport and recreation practitioners.
- Investigate ways to address the challenges facing volunteerism in Nova Scotia.

Safe, Quality Opportunities

- Improve the quality of sport and recreation programs and maintain or improve the safety of recreation areas and facilities throughout Nova Scotia.
- Develop and implement a strategy for increasing values and ethics initiatives in sport and recreation.
- Implement an enhanced program for assessing structural safety of major facilities.
- Implement actions that will help eliminate abuse and harassment in sport and recreation.
- Support safe opportunities and injury prevention initiatives in sport and recreation.
- Support initiatives to improve the quality of sport and recreation programs, program delivery, and participant experiences.

Equity Strategy

- Provide more opportunities for girls and women, aboriginals and ethnic minorities, people with disabilities, and those with low socio-economic status to access sport, recreation, and physical activities.
- Coordinate and support initiatives that inform policy and program development to reduce disparities in sport, recreation, and physical activity.

Healthy Eating

The eating habits of individuals and populations have been strongly linked through research to many preventable diseases and conditions, including heart disease, stroke, diabetes, overweight and obesity, and certain types of cancer. Healthy eating is also key to the healthy growth and development of infants, children, and teens.

Recent reports show that Nova Scotians are the second most obese in Canada. Over the past two decades, rates of overweight and obesity have nearly tripled among Canadian children, though these rates may be stabilizing. Children in Atlantic Canada are at greater risk of overweight and obesity than children in the rest of the country.

Making healthy food choices can be a challenge. Whether because of poor access, high cost, or lack of knowledge and skill, many Nova Scotians do not eat a well-balanced and nutritious diet. Media reports on what foods are healthy often seem to contradict one another, hectic schedules mean less time for food preparation, and junk foods are aggressively marketed, easily available, and often cheaper than healthy foods.

Schools are one area where we can do more to provide young people with healthy choices. The Office of Health Promotion will work with the Department of Education, school boards, schools, and many other partners to develop a provincial school food and nutrition policy. This will include guidelines to provide healthier choices in vending machines and on school menus, and to give parents the tools they need to help their children eat a balanced diet.

The Office of Health Promotion is also working with many partners to encourage breastfeeding, to explore ways for low-income Nova Scotians to increase access to nutritious foods, and to finalize and implement a provincial healthy eating strategy.

Long-term goals include:

- Increase the rate of food security.
- Decrease rates of diet-related diseases, such as diabetes, heart disease, stroke, osteoporosis, and diet-related cancers.

Note: Food security exists when all people at all times can acquire safe, nutritionally adequate, and personally acceptable foods that are accessible in a manner maintaining human dignity (Canadian Dietetic Association, 1991).

Medium-term goals include:

- Increase fruit and vegetable consumption.
- Increase provincial breastfeeding rates.
- Increase the proportion of the population whose body weight falls within a healthy body range (with a body mass index, or BMI, between 18.5–24.9).

Short-term Strategies and Objectives:

Healthy Food Choices in Schools

- Work with partners to increase the availability and affordability of healthy food choices in school communities.
- Work with partners to develop a shared vision and goals for food and nutrition within the school community.
- Identify provincial policies and guidelines related to school-based food and nutrition issues based on lessons learned from existing initiatives.

Breastfeeding

- Support and encourage district health authorities to implement provincial postnatal guidelines that encourage breastfeeding.
- Support district health authorities to develop, implement, and evaluate breastfeeding policies and support improved breastfeeding competencies among staff.

Healthy Eating Strategy

- Finalize and develop an implementation plan for the draft provincial healthy eating strategy.

Food Security

- Work with partners to implement the recommendations of the food security research to help Nova Scotians access and afford nutritious foods.
- Identify a model for on-going food costing, monitoring, and surveillance.
- Identify evidence-based programs and strategies that could be enhanced in the short term that contribute to greater food security.

Tobacco

Tobacco use remains the overall number one cause of preventable illness and death in Nova Scotia.

In 2001, the province launched a comprehensive tobacco strategy that was developed and put into action by a wide range of stakeholders. In just two years, Nova Scotia's smoking rate dropped by 5 per cent.

The strategy includes tobacco tax increases and legislation that bans smoking in most public places and prohibits the sale of tobacco products to minors. It also includes youth prevention, such as *Smoke-Free for Life* curriculum in schools, and a *No More Butts* program in which youth help their peers quit smoking. Tobacco program coordinators and treatment staff were hired across the province to run smoking prevention and quit-smoking programs at the local level. People who smoke can now receive free counselling and quit-smoking aids, such as patches and gum, through local Addiction Services programs.

The strategy also includes a social marketing campaign to change attitudes and behaviours towards smoking. Research shows that while overall and youth smoking rates are dropping, smoking is on the rise among young adults. A new web site, TV, and print campaign entitled "Great Reasons to Smoke" targets this group.

The office introduced a workplace program so employers can provide effective smoke-free policy and help their employees quit smoking. It will also introduce a new *You Choose* program in schools in which youth discuss and rate anti-smoking ads from around the world, and will release the first tobacco report card to update Nova Scotians on the progress of the tobacco strategy.

Long-term goals include:

- Decrease rates of smoking-related illnesses, such as lung cancer and heart disease.

Medium-term goals include:

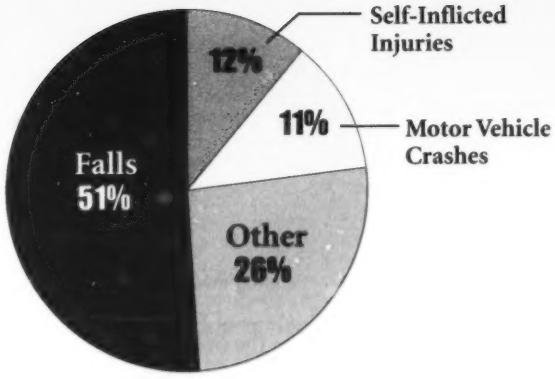
- Decrease exposure to second-hand smoke.
- Decrease youth and adult smoking rates.
- Decrease the rate of smoking during pregnancy.

Short-term Strategies and Objectives:

Tobacco Control Strategy

- Continue to implement the tobacco strategy and expand programming to align with new research and best practices.
- Enhance nicotine treatment services to increase the number of smokers attempting to quit and increase the percentage of successful quit attempts.
- Support district health authorities to implement local tobacco control strategies.

Hospitalizations due to Injuries (inpatients) Nova Scotia Fiscal 2002–03
(excluding newborns)



- Coordinate a provincial tobacco control best practices conference to help communities implement effective tobacco control programs.
- Support community organizations to implement tobacco-free sport initiatives.
- Increase tobacco prevention education in high schools through implementation of the *You Choose* program.
- Increase protection from second-hand tobacco smoke through ongoing enforcement of the *Smoke-Free Places Act.*
- Reduce tobacco sales to minors through ongoing enforcement of the *Tobacco Access Act.*
- Continue to implement the provincial tobacco social marketing campaign to help change attitudes about smoking.

Injury Prevention

Every day in the news, we hear about a car or ATV crash, a house fire, a drowning, an incident in a workplace, or a sports injury. Though many people see them as unrelated incidents—they are all injuries.

Injury is the leading cause of preventable death for Nova Scotians under the age of 45, killing more people under the age of 20 than all other causes of death combined. Hundreds of Nova Scotians die each year from injury, and thousands more suffer serious injuries, many which lead to permanent pain and disability.

Injury is no "accident." It is widely accepted that 90–95 per cent of injuries are predictable and preventable. We need to take steps to reduce injury by managing our personal risk and creating safer environments. One small but important step towards changing how we think about injury is to use appropriate language, such as a car "crash or collision" instead of a car "accident."

Nova Scotia is the first province in Canada to adopt a comprehensive injury prevention strategy that was developed in partnership with many stakeholders. The strategy addresses three leading causes of injury in Nova Scotia—falls among the elderly, transportation-related injuries, and self-inflicted injuries. It also involves improving injury data collection, and encouraging cooperation among all partners working in injury prevention.

Long-term goals include:

- Decrease rates of injury-related deaths.
- Decrease rates and severity of injury-related disabilities.

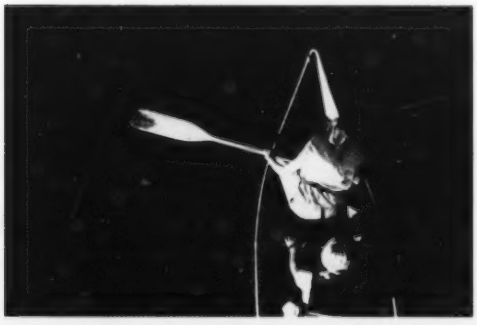
Medium-term goals include:

- Increase the use of seatbelts and child car seats.
- Increase the use of protective equipment, such as helmets and knee pads.
- Increase the use of protective equipment in the workplace.
- Decrease the number of youth reporting alcohol or marijuana use prior to driving.

Short-term Strategies and Objectives:

Injury Prevention Strategy

- Identify opportunities for collaboration with current injury prevention and injury-related programs.
- Develop comprehensive, multi-faceted programs and strategies to address priority issues such as falls, transportation-related injuries, and self-inflicted injuries.



- Establish a comprehensive surveillance system that links injury-related data sources, and develop processes to analyse, interpret, evaluate, and share data in a timely manner.
- Increase knowledge and skills at the community level to identify specific injury issues and implement community-based prevention strategies.
- Develop a social marketing strategy to encourage Nova Scotians to reduce their personal risk.
- Work with partners to continue to improve emergency response for those affected by injury.
- Provide leadership and support needed to implement the injury prevention strategy.

Addiction Prevention

A social drink with friends, wine with dinner, beer to celebrate the end of exams—alcohol is everywhere in our culture. Drinking alcohol is an accepted and pleasurable activity for many, yet problem drinking is one of the least recognized health issues in Nova Scotia.

Alcohol plays a significant role in injury, risky sexual behaviour, and chronic diseases such as heart or liver disease. It is also a factor in crime, violence, and other social problems. Most Nova Scotians consume alcohol at safe levels. However, about 20 per cent of those who drink regularly have 12 or more drinks per week, which is considered to be high-risk behaviour.

The Office of Health Promotion will help to raise the awareness of the guidelines for safe drinking and provide more support through Addiction Services so people who experience problems can seek help earlier.

Addiction prevention efforts also include developing drug prevention curriculum resources for schools, and contributing to government-wide policy and programs to prevent and address problem gambling.

Long-term goals include:

- Decrease the cost burden associated with alcohol use (disease, social costs, injury, etc.).

Medium-term goals include:

- Decrease the rate of regular heavy drinking.
- Monitor the rate of problem gambling.

Short-term Strategies and Objectives:

- Develop a strategy that includes policy, programming, and an evaluation plan based on best practices.
- Provide training and resources to health professionals to implement a problem drinking program.
- Build capacity within communities to ensure a range of service is available for people with drinking problems, including those with fewer social supports and more severe drinking problems.
- Implement an awareness campaign to promote responsible drinking guidelines and to help those who want to reduce their alcohol consumption.

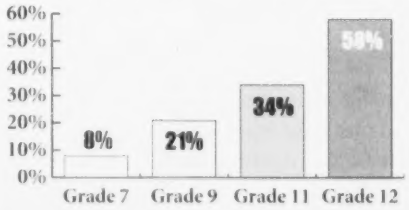
- Work with partners to develop a supplement that supports addiction prevention curriculum in schools.
- Develop a resource for teachers and support in-servicing to encourage its use.

- Participate in the development, coordination, and implementation of a provincial policy related to all forms of gambling.
- Increase access and promote greater awareness of programs for problem gamblers, their families, and communities.
- Implement the problem gambling service standards and best practices of Addiction Services.
- Share results of problem gambling research to increase awareness of the risks and consequences of problem gambling among health and social service providers.

Healthy Sexuality

Nova Scotia has high rates of sexually transmitted infections (STIs), teenage pregnancies, low birth weights, and HIV/AIDS cases.

Percentage of students who have had sexual intercourse



A 2002 Nova Scotia Study shows that while most students have not had sexual intercourse, those that are are taking risks. Of the students who had sexual intercourse, 38 per cent had more than one sexual partner in the previous year, 36 per cent had not used a condom, 66 per cent had unplanned sexual intercourse, and 35 per cent were under the influence of alcohol or drugs when they had intercourse.

Attitudes about healthy sexuality are often formed early in life and are influenced by many factors. Healthy sexuality is more than

Short-term Strategies and Objectives:

Problem Drinking Strategy

- Develop a strategy that includes policy, programming, and an evaluation plan based on best practices.
- Provide training and resources to health professionals to implement a problem drinking program.
- Build capacity within communities to ensure a range of service is available for people with drinking problems, including those with fewer social supports and more severe drinking problems.
- Implement an awareness campaign to promote responsible drinking guidelines and to help those who want to reduce their alcohol consumption.

Youth Prevention and Education

- Work with partners to develop a supplement that supports addiction prevention curriculum in schools.
- Develop a resource for teachers and support in-servicing to encourage its use.

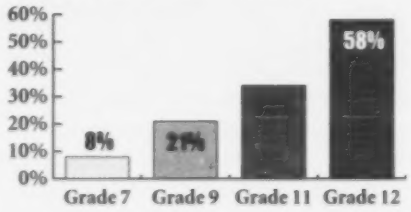
Problem Gambling Strategy

- Participate in the development, coordination, and implementation of a provincial policy related to all forms of gambling.
- Increase access and promote greater awareness of programs for problem gamblers, their families, and communities.
- Implement the problem gambling service standards and best practices of Addiction Services.
- Share results of problem gambling research to increase awareness of the risks and consequences of problem gambling among health and social service providers.

Healthy Sexuality

Nova Scotia has high rates of sexually transmitted infections (STIs), teenage pregnancies, low birth weights, and HIV/AIDS cases.

Percentage of students who have had sexual intercourse



A 2002 Nova Scotia Study shows that while most students have not had sexual intercourse, those that are are taking risks. Of the students who had sexual intercourse, 38 per cent had more than one sexual partner in the previous year, 36 per cent had not used a condom, 66 per cent had unplanned sexual intercourse, and 35 per cent were under the influence of alcohol or drugs when they had intercourse.

Attitudes about healthy sexuality are often formed early in life and are influenced by many factors. Healthy sexuality is more than

just practicing safe sex. It involves healthy relationships, self esteem, and feeling good about decisions.

The decisions youth make today can affect their future health and well being. An unintended pregnancy can affect education and career prospects. An unhealthy or abusive relationship can cause mental and emotional harm. Some sexually transmitted infections can lead to infertility while others like HIV/AIDS—despite what many youth think—still cannot be cured.

The Office of Health Promotion has consulted with youth, experts in the field of sexual health, parents, teachers, and others, to develop a resource to help youth make safer, healthier choices about their sexual health. The office will work with the Department of Education, school boards, schools, parents, and others to make the resource available to youth across the province. The office will also work with partners to develop a youth sexual health strategy.

Long-term goals include:

- Decrease teenage pregnancy rates.
- Decrease the overall and youth rates of chlamydia.
- Decrease the rate of sexual violence against women.

Medium-term goals include:

- Increase the age of onset of sexual activity.
- Decrease the percentage of sexually active youth.
- Decrease the rate of youth engaging in "risky" sexual activity (e.g. unplanned intercourse, no condom use, etc.)

Short-term Strategies and Objectives:

Youth Sexual Health Strategy

- Work with all partners to distribute *Sex?*—a sexual health resource for youth.
- Work with partners to develop a comprehensive framework that includes a vision, strategy, and action plan to address youth sexual health.
- Support a sustainable mechanism to coordinate and collaborate on issues related to youth sexual health.
- Increase community awareness and support of youth sexual health through opportunities that encourage dialogue with parents, through informed, knowledgeable, and youth-friendly service providers, and through social marketing.
- Provide a range of youth sexual health education services and supports, and ensure youth are involved in developing them.

Youth Health Centres

- Work with partners to ensure the availability, sustainability, and quality of youth health center services.
- Approve youth health centre standards to ensure that services youth receive are based on evidence and best practice.
- Measure existing youth health centres against standards to identify areas for improvements.
- Identify and approve a funding mechanism for new and existing youth health centers.
- Develop a phased implementation plan for expansion of youth health center services.

Chronic Disease Prevention

Chronic diseases, such as cancer, diabetes, heart disease, or arthritis, cost Nova Scotia taxpayers more than $3 billion in medical costs and lost productivity each year. More important than the financial cost is the human impact —chronic disease can take away a person's quality of life or their ability to work.

Approximately 40 per cent of chronic disease can be prevented by addressing healthy lifestyles and other factors that affect health, such as income, education, and environments.

Currently, groups working to prevent chronic disease independently dedicate expertise, resources, and actions to address various risk factors. Stronger provincial leadership will help to maximize the efforts of all partners working in chronic disease prevention.

In 2002, the province contracted Dalhousie University to work with partners to draft a long-term strategy that would advise government on chronic disease prevention. They consulted with over 50 organizations and delivered a strategy to government in the fall of 2003.

The strategy recommends strong leadership, more coordinated research, better information sharing among people who work in health promotion, building community capacity, developing healthy public policy, and promoting health through communications and social marketing.

Because a small number of risk factors, such as physical inactivity, poor nutrition, and smoking, contribute to most chronic diseases, chronic disease prevention has been integrated throughout the Office of Health Promotion strategic plan.

Stakeholders who developed the strategy expressed a desire to remain involved in provincially coordinated chronic disease prevention efforts and to have clear roles and responsibilities. The Office of Health Promotion will develop an advisory committee to ensure ongoing stakeholder involvement, and will help build capacity in the areas of community action, research, and surveillance.

Long-term goals include:

- Decrease rates of chronic diseases, such as cancer, diabetes, heart disease, stroke, and arthritis.
- Reduce health disparities and improve overall health outcomes.

Medium-term goals include:

- Build infrastructure and capacity for provincially coordinated chronic disease prevention.
- Influence behaviours associated with a long-term decrease in chronic disease (e.g., reduce smoking, increase physical activity levels, increase fruit and vegetable consumption).

Short-term Strategies and Objectives:

- Establish an advisory committee to provide advice to the Minister on issues related to health promotion and chronic disease prevention.
- Provide funding for chronic disease prevention coordinators to assist in health promotion and chronic disease prevention at the local level.
- Provide funding for Community Health Boards that will contribute to local action in the areas of health promotion and chronic disease prevention.
- Establish a provincial research working group to help researchers, institutions, and agencies work together to address knowledge gaps and contribute to better information sharing.
- Establish a provincial surveillance working group to develop a system for improved data collection, monitoring, and sharing.
- Develop a 3–5 year implementation plan that includes incremental and sustainable funding for chronic disease prevention.

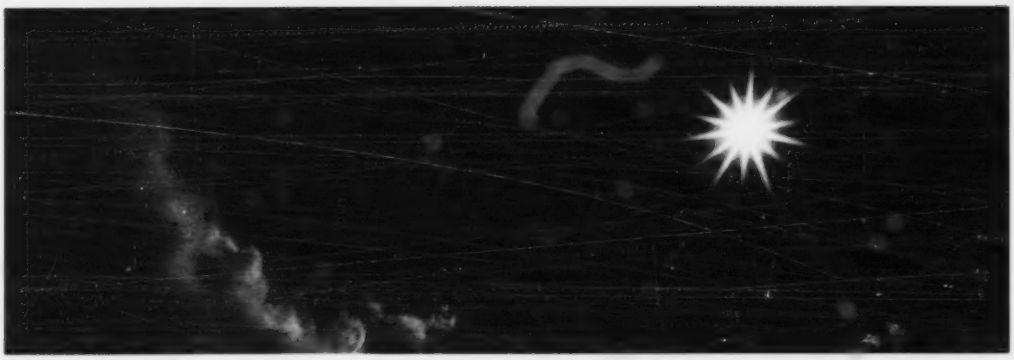
Communications and Social Marketing

Research shows that the most effective health promotion programs include social marketing in the mix of strategies and interventions. Social marketing uses media and other communications tools to raise awareness of health risks, promote the benefits of healthy living, and encourage attitude and behaviour change. Social marketing is most effective when used as one part of a comprehensive health promotion campaign that includes enacting healthy public policy, supporting community action, and building healthy physical environments.

We need to use all available opportunities to raise awareness of our current state of health and what can be done to improve it. Evidence suggests that the public listens to and acts on clear, compelling health information. We need to use communications strategies to inform and influence individual and community decisions on health. Scientific approaches to social marketing, health education, and consumer research need to be applied to health promotion initiatives—from simple brochures to comprehensive media campaigns.

Fast food companies spend billions of dollars each year to persuade people to consume their products. We must market health effectively, just as corporations market their products and images. In response to the chronic disease prevention strategy, the Office of Health Promotion will build a strong "healthy Nova Scotia" brand to capture the attention of Nova Scotians and inspire and motivate them to improve our collective health. The brand will focus and guide provincial health promotion campaigns and can be used by all partners to demonstrate shared goals and actions.

The office will work with partners to introduce campaigns that target common risk factors. The campaigns will educate and inform Nova Scotians about our current health status, risks to our health, and how we can lead healthier lifestyles.



Long-term goals include:

- Contribute to a cultural shift in Nova Scotia in which healthy, active living is the norm.

Medium-term goals include:

- Increase awareness of risks associated with an unhealthy lifestyle.
- Increase information available on various aspects of healthy living.
- Increase individual and community action related to healthy living.

Short-term Strategies and Objectives:

- Develop a shared "healthy Nova Scotia" brand to inspire individuals and communities to take action to create better health.
- Work with partners to coordinate and develop campaigns to change Nova Scotians' attitudes, perceptions, and behaviours towards their health.
- Encourage Nova Scotians to create health solutions in their own communities, using resources available to them.
- Develop a Premier's Community Health Champions Award for schools, workplaces, and communities to celebrate those who are taking positive action to improve health and to encourage others to follow.

Conclusion:

This strategic plan outlines some of the biggest health challenges we face today. There are many reminders of our poor health status, but we need to hear more about the solutions.

Many individuals, organizations, and communities are taking positive action to improve health. We need to celebrate their success, support their work, and learn from their experiences.

Within Nova Scotia, we have the capability, the expertise, and the collective will to improve our health. Now we need a concerted, focussed effort to apply what we all know about prevention and health promotion.

This plan is a work in progress. Over the next year we will work with our new advisory committee and others to refine the plan, to engage more partners, and to broaden the scope of our work. We all have a role to play in creating a healthier Nova Scotia and we need everyone working together to create a movement towards better health.

Our vision for a healthier Nova Scotia is clear. We will continue to invest in a healthier future for our children. And we will continue to work together to see a day when the burden of disease and injury are reduced, and Nova Scotians are living longer, healthier, more productive lives.

NOVA SCOTIA

Health Promotion